

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO.

09/621,565

FILING DATE

APPLICANT(S)

6-30-05

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1						
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TOTAL NO.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
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98						
99						
100						
TOTAL NO.	4					
TOTAL DEP.	21					
TOTAL CLAIMS	25					